

310-X, ATTACHMENT A, AHCCCS ADULT MEMBER (PERSONS AGE 21 AND OLDER) THERAPY BENEFIT TABLE

	ACUTE BENEFIT	ALTCS BENEFIT
OCCUPATIONAL THERAPY: INPATIENT	Covered when medically necessary	Covered when medically necessary
OCCUPATIONAL THERAPY: OUTPATIENT	<ul style="list-style-type: none"> • 15 visits per benefit year (10/01—9/30) to restore a particular skill or function the individual previously had but lost due to injury or disease and maintain that function once restored; and, • 15 visits per benefit year (10/01—9/30) to attain or acquire a particular skill or function never learned or acquired and maintain that function once acquired. 	Covered when medically necessary
PHYSICAL THERAPY: INPATIENT	Covered when medically necessary	Covered when medically necessary
PHYSICAL THERAPY: OUTPATIENT	<ul style="list-style-type: none"> • 15 visits per benefit year (10/01—9/30) to restore a particular skill or function the individual previously had but lost due to injury or disease and maintain that function once restored; and, • 15 visits per benefit year (10/01—9/30) to attain or acquire a particular skill or function never learned or acquired and maintain that function once acquired. 	<ul style="list-style-type: none"> • 15 visits per benefit year (10/01—9/30) to restore a particular skill or function the individual previously had but lost due to injury or disease and maintain that function once restored; and, • 15 visits per benefit year (10/01—9/30) to attain or acquire a particular skill or function never learned or acquired and maintain that function once acquired.
SPEECH THERAPY: INPATIENT	Covered when medically necessary	Covered when medically necessary
SPEECH THERAPY: OUTPATIENT	Not a covered benefit	Covered when medically necessary